U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only				
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<u> </u>				
1. File Number U - 1/033	2. Fiscal Year Covered From:			
	01/01/12004 Through: 12://31/2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Patrick E Nohl	Name IBEW Lccal # 117			
	Labor Organization File Number 047-008			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 765 Munshaw Lane	Street 765 Munshaw Lane			
City Crystal Lake	City Crysta Lake			
State II. , ZIP Code + 4 60014	State ZIP Code + 4 60014			
5. Position in labor organization.				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name if any)	7.a. Nature of Interest, Transaction, or Income.			
Name	1			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street:				
City				
State , ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Patrul E, Whi	on 8/11/0-5 847-638-1654 Date Telephone Number			

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an-employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, fany). Name IBEW Local 117 JATC Trade Name, if any: , Apprentice_Training_School P.O. Box, Bldg., Room No., if any Street 765 Munshaw Lane City Crystal Lake State IL ZIP Code + 4 60014 10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: (X) a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Trains eletrician apprentices
Street	
City	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received. Graduation dinner \$32.00
	12.b. Arnount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant?	19.0. Amount of payment.
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File Number U-

Name of Person Filing

Patrick E. Nohl